

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18247

STATE FILE NUMBER

Registration District No. 290

Primary Registration District No. 4428

Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Missouri			c. CITY OR TOWN Richland, Missouri		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Robert's Clinic Length of stay in 1b 15 min			d. STREET ADDRESS None. (If outside, give location) None.		
3. NAME OF DECEASED (Type or print) First Everett Middle Earl Last Moales.			4. DATE OF DEATH Month May Day 24 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1907		9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk.		10b. KIND OF BUSINESS OR INDUSTRY Electrician	11. BIRTHPLACE (City and state or country) Richland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Edward Moales.			14. MOTHER'S MAIDEN NAME Maude Ann Cornwell.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes. World War II		16. SOCIAL SECURITY NO. 492-09-8528	17. INFORMANT Address Juanita Moales Richland, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Buerger's Disease					INTERVAL BETWEEN ONSET AND DEATH 1 hr.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6:24 P.M. to death and last saw her/him alive on 5/25/57 Death occurred at 6:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE BJ. Robert (Degree or title) MD		22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 5/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/27/57		23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	
		23d. LOCATION (City, town, or county) (State) Richland, Missouri			
24. FUNERAL HOME Hodges Funeral Home		25. DATE RECD. BY LOCAL REG. 5-27-57		26. REGISTRAR'S SIGNATURE E. W. Grace Anderson	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-1-57
Pulaski County Health Officer
File Number 65
Date Filed 5-27-57

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 40

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.